



01-28-04

PATENTS

37321 \$

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: NABIL L. MUHANNA, M.D.
For: INTEVERTEBRAL DISC PROSTHESIS AND METHODS OF IMPLANTATION

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2-6-04

CERTIFICATE OF EXPRESS MAIL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Enclosed for filing in the above case are the following documents:

Amendment Transmittal - Fee \$353.00 - Check # 40378

Response to First Office Action

Appendix - Formals Drawings - 3 Pages

Petition for Extension of Response Time Submission of Extension Fee for Three Month Extension

Extension Fee - \$475.00 - Check # 40377

Return Postcard

Date

1/26/2004

Respectfully submitted,

D J Hayzer

Louis T. Isaf

Reg. No. 29,078

David J. Hayzer, Ph.D.

Reg. No. 43,329

Attorney of Applicant

RECEIVED

FEB 05 2004

TECHNOLOGY CENTER R3700

Womble Carlyle Sandridge & Rice, PLLC
P.O. Box 7037
Atlanta, GA 30357-0037
(404) 962-7523 (Telephone)
(404) 870-8173 (Facsimile)

Our Reference No: **M112 1100**

I hereby certify that all correspondences listed above are being deposited for delivery to the above addressee, with the United States Postal Service "EXPRESS MAIL POST OFFICE TO ADDRESSEE" service under 37 CFR 1.10 on the date indicated below:

The envelope has been given U.S. Postal Service "Express Mail Post Office To Addressee" Package # EV315815583 US.

Jan. 26, 2004

Date

Candice P. Dyrat

(Printed Name of Person Mailing Correspondence)

Candice P. Dyrat

(Signature of Person Mailing Correspondence)



In re PATENT application of: **NABIL L. MUHANNA, M.D.**

Serial No.: **10/047,587**

Filed: **January 15, 2002**

Title: **INTEVERTEBRAL DISC PROSTHESIS AND METHODS OF IMPLANTATION**

AMENDMENT TRANSMITTAL LETTER

Mail Stop Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

- No additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED					
	Claims after Amend.	Highest Prev. Paid For	Extra	Rate SE/LE	Additional Fee
Total Claims	26	- 25	= 1	X \$9/\$18	= \$9
Indep Claims	11	- 3	= 8	X \$43/\$86	= \$344
				Total Additional Fee for this Amendment = \$353.00	

- The Commissioner is hereby authorized to charge the total fee of \$0.00 to our Deposit Account No. 09-0528.
- The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to our Deposit Account No. 09-0528.

Date

1/26/2004

Respectfully submitted,

Louis T. Isaf

Reg. No. 29,078

David J. Hayzer, Ph.D.

Reg. No. 43,329

Attorneys for Applicant

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Docket Number: **M112 1100**